

**ST. MARTIN DE PORRES HOSPITAL  
AGOMANYA, E/R**

**(A NATIONAL CATHOLIC HEALTH SERVICE FACILITY)**



**2008 ANNUAL REPORT**

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## **1.0 INTRODUCTION:**

Saint Martin de Porres Hospital was established in 1946 by the Rt. Reverend Joseph Oliver Bowers as a Maternity Home/Clinic. However, in April 1997, it was upgraded to a hospital status by the Ministry of Health in recognition of the sterling health care delivery services offered at the facility.

## **2.0 DISTRICT PROFILE**

Saint Martin de Porres Hospital is located in the Manya-Krobo District. It is bordered on the;

- i) North by the Volta Lake
- ii) South by Yilo Krobo
- iii) East by Asuogyaman
- iv) West by Fanteakwa

It has a population of nearly two hundred thousand people. (2000 AD PHC)

## **3.0 SERVICES PROVIDED**

- OPD
- In-patient
- RCH
- VCT/PMTCT
- Maternity
- X-ray/Scan
- Laboratory

## **4.0 BOARD AND MANAGEMENT**

The hospital has an Advisory Board made up of;

- i) The core management of the hospital
  - Administrator
  - Medical Officer In-charge
  - Matron
- ii) And outsiders;
  - The District Director of Health Services
  - The District Chief Executive
  - The Bank Manager (Rural Bank)
  - The Superior, H.D.R.
  - The Parish Priest
  - The Local Superior, HDR
  - The Church President

The Board meets twice in a year to deliberate on policy and sensitive issues pertaining to the hospital.

The hospital also has a Hospital Management Team comprising;

- The Medical Officer In-charge
- The Administrator
- The Matron
- Accountant
- Financial Supervisor
- Deputy Matron (1 & 2)

The team meets once a month to deliberate on the day-to-day running of the hospital.

## **5.0 ORGANOGRAM**

The Hospital is run on a tripartite management system; with the Matron; Administrator and the Medical Officer In-charge being the core managers of the various departments.

Organizational Chart - See Appendix

## **6.0 OBJECTIVES:**

During the period under review a number of objectives were set by management for the effective and smooth running of the institution as well as improved health care delivery.

Action Plan – See Appendix

## **7.0 MISSION STATEMENT OF THE NATIONAL CATHOLIC HEALTH SERVICES**

### **THE VISION OF THE NCHS**

“To continue Christ healing ministry in bringing healing to the greatest possible numbers of people in provision of total quality patient care through healers with good ethical and moral standards; who are conscientious as well as professionally competent, motivated and united in their common respect for fundamental human values”

### **THE MISSION OF THE NCHS**

“To provide high quality health care in the most effective/efficient and innovative manner specific to the needs of the communities we serve and at all units acknowledging the dignity of the patients”

### **THE GOAL OF THE NCHS**

To provide and sustain health care services for the poor, neglected and marginalized segments of the society. The service will seek to empower the people it serves to take ownership of their own individual collective health care.

*Motto:* In God is our help and our health.

## **8.0 HEALTH CARE ACTIVITIES**

### **8.1 OUT-PATIENT ACTIVITY**

1.1 Outpatient attendance for the period 2008 was 91467 which the same period 2007 was 55827 indicating a rise of 63.8%. The under five (5) attendance was 5565 for 2007 while the same period 2008 was 9911 showing a rise of 78.1 %.

The 5 – 14 age group had an attendance of 8087 for 2007 as opposed to 12825 for 2008 indicating a decrease of 58.6%

The 15 – 59 age group saw an attendance of 32580 for 2007 as against 50316 for the same period in 2008. An indication of 54.4% increases in that age group as shown.

The aged group (i.e. 60<sup>+</sup>) also saw 18415 as opposed to 9795 for 2007. Showing an increase of 88.0%.

#### **INSURED PATIENTS & NON-INSURED PATIENTS**

<b>Year</b>	<b>OPD Attendance</b>	<b>Insured Patients</b>	<b>% Insured</b>	<b>Non-Insured Patients</b>	<b>% Non-Insured</b>
2006	54003	28848	53.4	25155	46.6
2007	55827	45227	81.0	10600	19.0
2008	91467	71438	78.1	20029	21.9

From the table above 2006 and 2007 shows a steady rise while 2008 depicts a tremendous increase in attendance due to the National Health Insurance Scheme (NHIS). Insured clients/patients constitute 78.1% as against 21.9% Non-Insured.

#### **SUMMARY OF OUTPATIENT ATTENDANCE**

<b>Indicator</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>%</b>	<b>Remarks</b>
Outpatient Attendance	54003	55827	91467	63.8	Increase
Under 5	4741	5565	9911	78.1	Increase
5 – 14	6658	8087	12825	58.6	Increase
15 – 59	34993	32580	50316	54.4	Increase
60 <sup>+</sup> age group	7611	9795	18415	88.0	Increase

#### **8.2 IN-PATIENTS ACTIVITY**

##### **8.3 ADMISSION**

In-patient admissions for the period 2008 were 4207 as against 3745 in 2007, showing an increase of 12.3% in admissions.

##### **8.4 DISCHARGES**

Discharges for the period under review was 4133 as opposed to 3745 in 2007. Indicating a rise of 10.4 % in discharges

##### **8.5 DEATHS %**

The period under review saw 215 deaths as against 234 in 2008, a reduction of 8.1% in mortality.

## SUMMARY OF IN-PATIENT ACTIVITIES

Indicator	2006	2007	2008	Percentage
Admissions	3181	3745	4207	12.3%
Discharges	1316	3745	4133	10.4%
Deaths	182	234	215	9.3%

## DEATH WITH RESPECT TO WARDS

No:	Ward	No. Of Deaths			Death Rate %	Remarks
		2006	2007	2008		
1.	Male Medical	41	54	62	10.15%	Increased
2.	Female Medical	49	52	57	7.23%	Increased
3.	Pre-Natal	0	0	2	Undefined	
4.	Labour	0	0	2	Undefined	
5.	Female Surgical	0	0	0	0.00%	Constant
6.	Post-Natal	0	0	0	0.00%	Constant
7.	Paediatrics	32	53	29	2.98%	Decreased

## 8.6 SUMMARY OF HOSPITAL UTILISATION

NO.	INDICATORS	2003 PERFORM	2004 PERFORM	2005 PERFORM	2006 PERFORM	2007 PERFORM	2008 PERFORM
1.	Total outpatients visits (old & new)	21,928	27,656	28,090	54003	55827	91467
2.	Number of admissions	3218	3,429	3,161	3181	3754	4207
3.	Average OPD attendance	60	76	77	148	153	250
4.	Average daily admissions	9	10	9	9	11	12
5.	Total in-patient days	11,917	8,738	10,772	9851	11117	14000
6.	Average bed occupancy	33	24	30	27	31	45

7.	Average length of stay	3.7	2.6	3.4	3.1	3.0	3.2
8.	Number of minor surgeries	413	456	379	196	238	400
9.	Number of major surgeries	256	226	194	216	198	289
10.	Number of X-ray	415	1,220	24	Broken Down	408	Broken Down
11.	Number of deliveries	827	1,003	865	807	747	1066
12.	Number of Antenatal attendance	4,857	6,965	6,101	3031	5310	5885
13.	Laboratory	35,341	45,944	50,151	15103	38863	38149
14.	Units of blood transfused	388	449	806	560	481	665

### **STATEMENT ON BED STATE FOR THE YEAR – 2008**

The bed occupancy rate shows how effectively the hospital beds are being used. These rates are the criteria for determining the effective/efficient use or otherwise of beds in the ward. They are used by hospital managements for;

- (i) Planning and policy formulation for ward running
- (ii) Appraisal/Evaluation of in-patient care and management
- (iii) Monitoring of in-patient services and bed utilization
- (iv) Resource allocation of human and material resources
- (v) Workload determination

WARDS	Bed Complement	ADM	Disch	Deaths	Avg Bed Days	Pat Days	Avg Daily Occup.	% Occup.	ALOS	TOPB	TOI
Male Med	15	618	549	62	5505	2231	6.1	40.53	3.65	40.73	5.4
Female Medical	16	797	731	57	5872	2717	7.4	46.27	3.45	49.25	4.0
Prenatal	4	266	302	2	1592	740	2.0	46.48	2.43	76.00	2.8
Labour	8	1056	3	2	2812	99	0.3	3.52	19.8	0.63	543
Female Surgical	6	140	366	0	2264	2060	5.6	90.99	5.63	61.00	0.6
Postnatal	8	86	1040	0	3308	1258	3.4	38.03	1.21	130.00	2.0
Paediatrics	20	974	943	29	6968	2649	7.2	38.02	2.73	48.60	4.4
Isolation	8	270	199	63	2874	2246	6.1	78.15	8.57	32.75	2.4
Cum.Total	85	4207	4133	214	31195	14000	38.15	44.88	3.22	51.15	4.0

From the table above the following inferences and conclusions can be made.

- The period under review had four (4) maternal deaths.
- The Average Daily Occupancy (ADO) shows the number of patients at the ward on each day. i.e the period under review saw 39 patients
- The Bed Occupancy Rate (BOR) or Percentage Occupancy – It is an indicator of efficiency of how hospital resources (beds) are been used. Whether resources are overused or underutilized. The BOR was 45% and below the WHO standard of 75-85%.
- The Average Length of Stay (ALOS) was 3.2 days. Tells how long patients stay at the facility.
- Turn over per Bed (TOPB) was 52 patients – Is an indicator of efficiency.
- Turn over Internal (TOI) was 4 days. This is an indicator which shows how long a bed has been vacant. It helps doctors in the admission of patients.

## **9.0 MATERNAL & FAMILY HEALTH UNIT SERVICES**

During the period under consideration the Maternal and Reproductive Health Unit was very active as depicted by the following write up.

### **9.1 ANTENATAL SERVICES**

In 2007 ANC registrants were 1600; total attendance for the period was 5310 thus an average number of visits per client was 6. During the same period in 2008, ANC registrants were 1863; total attendance was 5885 bringing the average visit per client to



NO	ITEM	2003	2004	2005	2006	2007	2008
1.	ANC Registrants	1771	2208	2490	1076	1600	1863
2.	Total Attendance	4857	6965	6665	3031	5310	5885
3.	Average visit per client	2.7	3.1	2.7	2.8	6	

## 9.2 DELIVERIES

During 2007, supervised deliveries were 714. During the same period under discussion (2008) it was 1066. Which shows an increase of 42.7% in deliveries.

## 9.3 STILL BIRTHS

In 2007 stillbirths were 15 whilst during the same period in (2008) it was 38. This shows 153.3% increase in the number of stillbirths.

Type	2005	Type		2006	2006	2007		2008	
Fresh SB		Macerated SB		Fresh	Macerated	FSB	MSB	FSB	MSB
	19	12		18	16	6	9	18	20

## 9.4 MATERNAL DEATHS

Maternal deaths during the period for 2007 were zero per 1000 live births whilst the same period in 2008 was four (4) ie 0.00375 per 1000 live births.

### CAUSES OF MATERNAL DEATH

No.	LOCATION	AGE	CAUSE OF DEATH
1	ODUMASE	23	Sickle Cell Disease
2	SOMANYA-ZONGO	27	Acute Left Ventricular Failure
3	MUNNI J.K.OTENG'S VILLAGE	38	Ruptured Uterus , P.P.H
4	SOMANYA-PLAU	40	? Anaemia, Malaria in Pregnancy

All the Maternal Deaths has been audited and submitted to the appropriate quarters.

9.5 MATERNAL DEATH RATE This shows 0.00375 per 1,000 live births.

## 9.6 POST NATAL SERVICES

Postnatal clinic registrants for 2007 were 155 whilst the same period 2008 recorded...

## 9.7 IMMUNIZATION

### • CHILD IMMUNIZATION (0-11)

NO.	VACCINE	2005	2006	%	2007	%	2008	%
1.	BCG	1,464	1339	(8)	1185	(11)	1548	30.6
2.	Polio <sup>3</sup>	382	360	(5)	314	(12)	446	42.0
3	DPT <sup>3</sup>	382	360	(5)	314	(12)	455	44.9
4.	Measles	711	443	(37)	404	(9)	423	4.7
5.	Yellow Fever	711	460	(35)	431	(6)	423	(1.9)
6.	Vitamin A	626	404	(35)	575	(42)	1975	243.5

## 10.0 PHARMACY

The pharmacy department is a strategic unit of the hospital as depicted by the following table;

NO.	DESCRIPTION	2005	2006	2007	2008
1.	Corporate Bodies	694,821,100	1,746,094,000	404,936.08	452,967.65
2.	Cash Sales (OPD)	831,494,500	65,093,000	104,054.20	57,550.30
3.	Sales (Wards)	51,574,000	70,538,000	16,464.43	8,9656.50
4.	Drug Exempting	-	-	-	-
5.	Drug Purchases	891,923,006	1,811,945,000	6,911.9	377,542.60
6.	Staff Consumption	32,395,050	18,557,000	0	2,297.10
7.	Tracer Drug	98%	99%	100%	96.72%
8.	Purchase for RMS			11,734.64	
9.	Rational use of medicine	-78%	83.3%	98%	

i) **RATIONAL USE OF MEDICINES SURVEY REPORT**

The average result as compared to the WHO standard is as follows;

NO:	INDICATOR	AVERAGE RESULT - 2007	AVERAGE RESULT - 2008	WHO STANDARD
1.	Average number of drugs for encounter	3.2%	3.9	2
2.	Proportion of drugs prescribed from EDL	100%	100%	100%
3.	Proportion of drugs dispensed	100%	100%	100%
4.	Proportion of drugs prescribed by Generic	78%	90.9%	100%
5.	Proportion of injection	3.1%	2.9%	20%
6.	Proportion of Antibiotics prescribed	6.3%	17.0%	20%
7.	Proportion of encounter with written diagnosis	100%	100%	100%
8.	Proportion of drugs prescribed by proprietary	22%	9.1%	
9.	Availability of Tracer Medicines	90%	96.7%	

ii) **QUALITY ASSURANCE:**

The percentage of drug availability for the period under review was 96.7% as compared to 90% in 2007.

This was achieved by ensuring that the tracer drugs prescribed by the medicine policy of the World Health Organization (WHO) was always available in the pharmaceutical store every 24hour (i.e. all times).

The list of drugs is as follows;

- ❖ Cap. Amoxyallin
- ❖ Sus. Amoxyallin
- ❖ Tab. Paracetamol
- ❖ Susp. Co-trimoxazole
- ❖ Cream Clotrimazole 1%
- ❖ Tab. Fluconazole 200mg
- ❖ Susp. Albendazole
- ❖ Tab. Albendazole 400mg
- ❖ Tab. Metronidazole
- ❖ Tab. Nifedipine 20mg
- ❖ Tab. Atenolol 50mg
- ❖ Tab. Metformin 500mg
- ❖ Tab. GLibenclamide 5mg
- ❖ Tab. Omeprazole 20mg
- ❖ Tab. Ranitidine 150mg
- ❖ Tab. Artesunate/Amodiaquine
- ❖ Tab. Nevirapine 200mg

- ❖ Tab. Lamivudine 150mg
- ❖ Tab. Zidovudine 300mg
- ❖ Tab. Stavudine 20mg

The part of quality assurance that determines the reporting time, Dispensing time and the correct use of medicines by the patient at home was not done.

iii) **PHARMACOVIGILANCE**

No adverse incident reported.

The way forward;

i) The use of generic names should be adhered to by our prescribers. From the rational medicine use report, the use of generics does not match up to the WHO standards. We therefore plead to prescribers to use Generics like Metronidazole, Co-trimoxazole, Tetracycline, Amoxicillin, Amodiaquine other than Flagyl, Septrin, Terramycin, Amoxyl and Camoquine respectively.

- ii) The pharmaceutical store should continue to stock all the tracer listed
- iii) The department needs two (2) more Pharmacy Technician and one support staff
- iv) The pharmacist need an office to administer her duties effectively
- v) The mode of administration of drug should solely be the responsibility of a pharmacy staff so that problems associated to wrong administration is corrected
- vi) Quality Assurance report should be prepared quarterly

**11.0 LABORATORY**

**QUALITY ASSURANCE/QUALITY CONTROL PROGRAM (QA/QL)**

Quality Assurance (QA) is defined as the overall programs that ensure that the final result by the laboratory is correct (as accurate as possible).

Quality Control (QC) refers to those measures that must be included during each assay to verify that the test is working properly.

To ensure a good QA/QC program, the following steps were taken:

1. Process variations were kept to the minimum by the use of standard operating procedures (SOPs).
2. Control samples were run / assay simultaneously and under the same condition as the unknown samples.
3. Upon completion of the assay procedure, the controls and samples were examined using the same criteria for interpretation.
4. Documentation was done; this ensured that the results were reported to the appropriate individuals.

5. All HIV sero positive samples were sent to Public Health Reference Laboratory, Korle-Bu for external Quality Assurance.

## 11.1 LABORATORY TEST DONE

### LABORATORY STATISTICS - 2008

#### HAEMATOLOGY

(TICK-AUTO or Manual)	O.P.D.		WARDS		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
	<10	>10	<10	>10		
HB (Donors and Patients)	1370	2066	1163	1101	5700	5700
BF FOR MALARIA	888	2556	728	976	5148	5148
COMPLETE BLOOD COUNT(FBC)					2834	2834
W B C (Total Count) Only					2824	2834
W B C (Differential Count)						
PLATELET COUNT					1	1
E S R (Westergren)						
SICKLING TEST	235	1525	102	680	2542	2542
Hb ELECTROPHORESIS						
Hb A1C (Glycated )						
BLOOD FILM COMMENTS					2	2
G6PD						
HAEMATINIC PROFILE						
CLOTTING SCREEN						
RETICS						
Total						<b>19061</b>

### CLINICAL BIOCHEMISTRY

#### (TICK-AUTO/SEMI-AUTO/MANUAL)

FULL RENAL PROFILE						
CREATININE ONLY					329	329
UREA ONLY +					315	315
POTASSIUM ONLY						
SODIUM ONLY						
CHLORIDE ONLY						
BICARBONATE ONLY						
LIVER PROFILE					178	178
TOTAL PROTEIN (SERUM/CSF/FLUIDS)						
ALBUMIN ONLY						
BILIRUBIN – TOTAL ONLY*					1	1
BILIRUBIN – DIRECT ONLY*					1	1
AST (GOT) ONLY					2	2
ALT (GPT) ONLY					2	2

ALP ONLY						
GAMMA GT ONLY						
BONE PROFILE						
CALCIUM						
PHOSPHATE						
ALP						
ALBUMIN						
*METABOLITE						
GLUCOSE (Fasting / Random /CSF)	1991		1019		3010	3010
AMMONIA						
LACTATE						
URIC ACID					63	63
TOTAL						<b>3,901</b>

### CON. CLINICAL BIOCHEMISTRY

(TICK-AUTO/SEMI-AUTO/MANUAL)

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
FASTING LIPID PROFILE					102	102
T. CHOLESTEROL ONLY					5	5
TRIGLYCERIDE ONLY						
HDL CHOLESTROL ONLY						
LDL (DERIVED OR ASSAYED)						
T. CHOL/HDL						
AMYLASE						
URINE CHEMISTRIES						
SPECIAL CHEMISTRIES						
OGTT (0 + 120 Minutes only)					1	1
Creatinine clearance (24 Hr Urine collection)						
Reproductive Endocrinology						
Thyroid Profile						
Dynamic Function Tests						
Tumour Markets						
Blood Gas						
Therapeutic Drug Monitoring (TDM)						
						<b>108</b>

### BACTERIOLOGY

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
TOTAL CULTURES						
SENSITIVITY						
GRAMSTAIN FROM SMEARS OF:						
• CULTURE ISOLATES						
• HVS					35	35
• CERVICAL						
• CSF						
• URETHRAL					1	1
• PLEURAL/ASCITIC FLUIDS						
SPUTUM MICROSCOPY -						

• Z/N FOR AFB	74	623			697	697
TUBERCULIN TEST						
VDRL (Patients + Donors)	30	502	0	2	534	534
CHOLERA TEST						
WIDAL SCREEN (TILE)	974		498		1472	1472
PREGNOSTICION TEST	452	420	55	78	1005	1005
						3744

### PARASITOLOGY

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
URINE R/E	503		105		608	608
S. HAEMATOBIIUMOVA						

### PARASITOLOGY

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
T. VAGINALIS					1	1
YEAST-LIKE CELLS					9	9
OTHERS					1	1
STOOL R/E	47		7		54	54
ASCARIS					1	1
HOOKWORM						
S. MANSONI						
E. VERMUCULARIS						
T. TRICHIURIA						
S. STERCOLARIS						
I. FLAGYLIATES					3	3
HELMINTHS						
SKIN SNIP					5	5
O. VOLVULUS						
SKIN SCRAPPING						
FUNGAL ELEMENTS						
BLOOD-						
WET/BF FOR MICROFILARI						74

### TRANSFUSION SCIENCE / SEROLOGY / VIROLOGY

	O..P.D.		WARD		SUB TOTAL	TOTAL
	POS	NEG	POS	NEG		
BLOOD GROUPING (PATIENT + DONORS)	1650		556		2206	2206
CROSS - MATCHING					665	665
DONORS BLED						
• FROM FACILITY					218	218
• SOURCED (K'BU, K'DUA, etc)					408	408
TRANSFUSIONS					665	665
HBsAg (DONORS + PATIENTS)	29	305	9	99	442	442
HCV (DONORS + PATIENTS)	2	226	0	5	233	233

HIV (DONORS + PATIENTS)	1261	2525			3786	3786
SUSPECTED AIDS CASES						
CD4					2030	2030
TOTAL						<b>10653</b>
GRAND TOTAL						<b>38149</b>

### SUMMARY OF LABORATORY STATISTICS

NO.	HAEMATOLOGY TEST	POSITIVE		NEGATIVE		TOTAL	
		2007	2008	2007	2008	2007	2008
1.	Haemoglobin (Hb)					6574	5700
2.	Bf for MPS	972	728	3399		4371	5148
3.	Sickling Test	434	337	2116	2205	2550	2542
4.	Total WBC					6574	2834
5.	ESR	0				0	
6.	Differential					6574	
7.	Film Comment	0				0	2
8.	Hb Electrophoresis	0				0	
9.	ABO, 'RhD' Grouping					2469	2206
10.	Transfusion					481	665
	<b>SEROLOGY</b>						
No.	Miscellaneous Sputum Test		74		623		697
11.	Zn for AFB	51		382		433	
12.	Widal Test	46		1371		1417	1472
13.	Hepatitis B	104	38	844	404	948	442
14.	Hepatitis C	6	2	359	231	365	233
15.	Grams Stain (HVS/US)	1		31		32	35
16.	R.P.R.		30		504	340	534
17.	HIV Test	1173		2615		3788	
18.	Stool R/E	0		137		137	54
19.	Urine R/E	0		1250		1250	608
20.	Skin Snip	0		13	5	13	5
21.	Skin Scrapings						
22.	Pregnosticon Test	486		472	498	958	1005
23.	Glucose					2054	
24.							
NO.	BIOCHEMISTRY	POSITIVE		NEGATIVE		TOTAL	
		2007	2008	2007	2008	2007	2008
23.	Liver Function Test					694	178
24.	Urea					741	315
25.	BUE AND Creatinine					759	329
26.	Uric acid					65	63
27.	Cholesterol					14	5
28.	Lipid profile (Fasting Lipids)					7	102
29.	Toxoplasma					0	
30.	Glucose					2054	3010
31.	Triglycevides					8	
	<b>SMCC-BASE LINE CHEMISTRIES</b>						
32.	Urea						814
33.	Creatinine						814
34.	AST						814
35.	ALT						814
36.	CD4					1537	2032
37.	FBC						2030
	<b>Total Test</b>					<b>45153</b>	<b>35502</b>



**ANNUAL RETURNS ON SURGICAL OPERATIONS – 2008**

<b>SURGICAL OPERATIONS</b>	<b>INSURED PATIENTS</b>	<b>NON-INSURED PATIENTS</b>	<b>TOTAL</b>
Reducible Hernia	84	1	85
Strangulated Hernia	32	0	32
Hernia with Hydrocele	2	0	2
Exploratory Laparotomy	1	0	1
Hydrocelectomy	4	0	4
Myomectomy	1	0	1
Excision of large tumours on body	2	4	6
Caesarean Section	139	0	139
Hysterectomy (CS)	1	0	1
Hysterectomy (Fibroids)	5	0	5
Ectopic Laparotomy	0	1	1
Caesarean Section-Sterilization	17	0	17
All other major O & G operations	0	1	1
EOU for abortion	20	3	23
Vacuum Extraction	1	0	1
Episiotomy	249	6	255
Excision of Bartholin Cyst	2	0	2
Suturing of cervical tear	5	0	5
Circumcision	18	32	50
Removal of superficial tumors	3	0	3
Repair of minor injuries	33	14	47
Incision of abscesses	7	1	8
<b>Total minor and major operations</b>	<b>626</b>	<b>63</b>	<b>689</b>

Major Operations = 289

Minor Operations = 400

## FINANCE

### CASH BALANCES ON HAND AS AT 31<sup>ST</sup> DECEMBER, 08

1)	15%	=	GH¢ 778.21
2)	45%	=	2,909.10
3)	Utilities	=	1,478.80
4)	Development Fund	=	<u>841.50</u>
			<u>GH¢6,007.61</u>

### AS AT 31<sup>ST</sup> DEC., 2008

**REVENUE IN OUTSTANDING (DEBTORS)** = **GH¢317,416.64**  
=====

### **MATERIALS OUTSTANDING (CREDITORS)**

Non drugs	=	GH¢14,375.10
Drugs	=	<u>107,205.13</u>
<b>Total</b>		<b>GH¢121,580.23</b> =====

### **TOTAL REVENUE FOR VARIOUS ACCOUNTS**

Service Account	=	GH¢241,122.16
Mortuary	=	93,818.05
Drugs	=	638,799.72
Contingency	=	12,837.13
Development fund	=	28,676.81
<b>Total revenue cash</b>		<b>GH¢1,015,253.87</b> =====

### **EXPENDITURE**

Service Account	=	GH¢239,660.28
Mortuary	=	82,819.35
Drugs	=	632,830.74
Contingency	=	11,123.45
Development fund	=	25,589.10
<b>Total expenses cash</b>		<b>GH¢992,022.92</b> =====

Surplus (Overall) GH¢23,230.95

About 50% of the surplus amount comes from mortuary accounts only

Drugs closing stock as at 31<sup>st</sup> December 2008 is GH¢54,546.00

Non-Drugs closing stock as at 31<sup>st</sup> December, 2008 is GH¢103,445.45

**PERCENTAGES**

REVENUE – 2007	REVENUE – 2008	%
GH¢828,540.38	GH¢1,015,253.87	18.39%

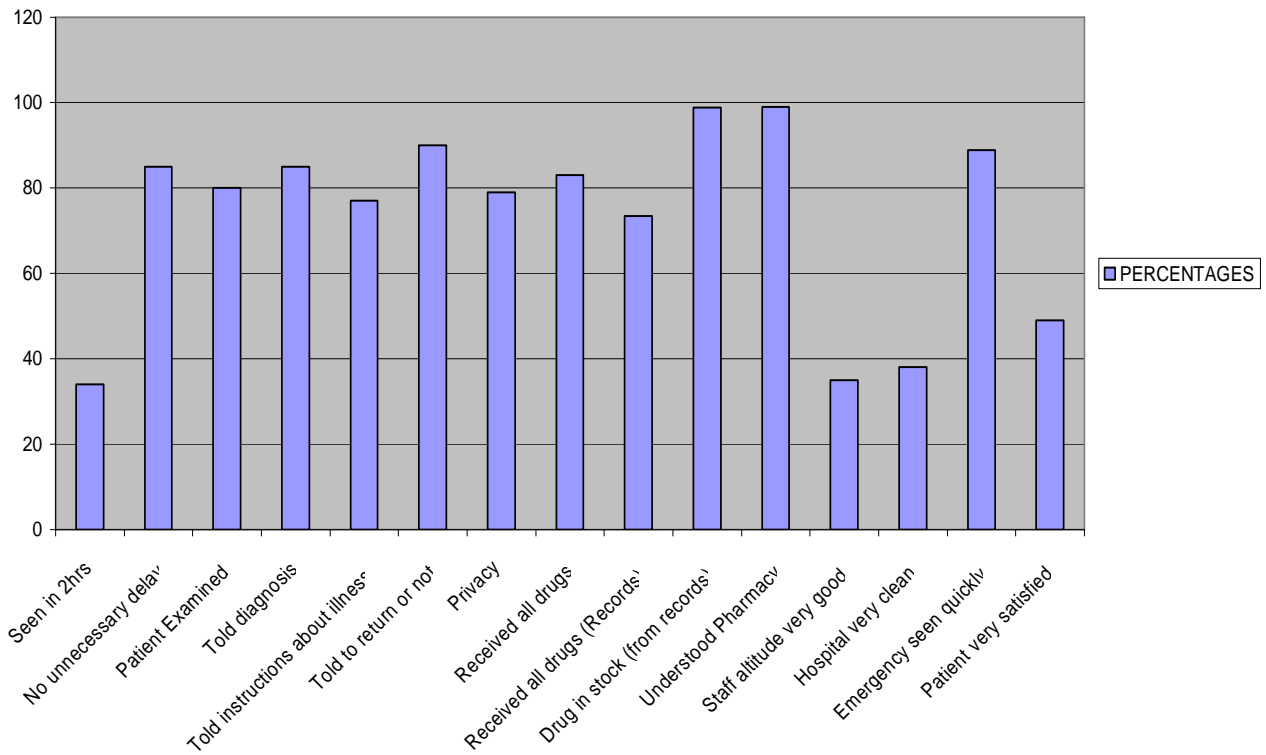
**EXPENDITURE**

GH¢ 793,174.96	GH¢992,002.92	20.04%
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**EXPENDITURE****CLIENT SATISFACTION SURVEY (SEPT. – OCT.) 2008**

<b>INDICATORS</b>	<b>FREQUENCY</b>	<b>TOTAL</b>	<b>PERCENTAGES</b>
Seen in 2hrs	34	100	34
No unnecessary delay	85	100	85
Patient Examined	80	100	80
Told diagnosis	85	100	85
Told instructions about illness	77	100	77
Told to return or not	90	100	90
Privacy	79	100	79
Received all drugs	83	100	83
Received all drugs (Records)	542	738	73.4
Drug in stock (from records)	158	160	98.8
Understood Pharmacy	99	100	99
Staff altitude very good	35	100	35
Hospital very clean	38	100	38
Emergency seen quickly	16	18	88.9
Patient very satisfied	49	100	49.0

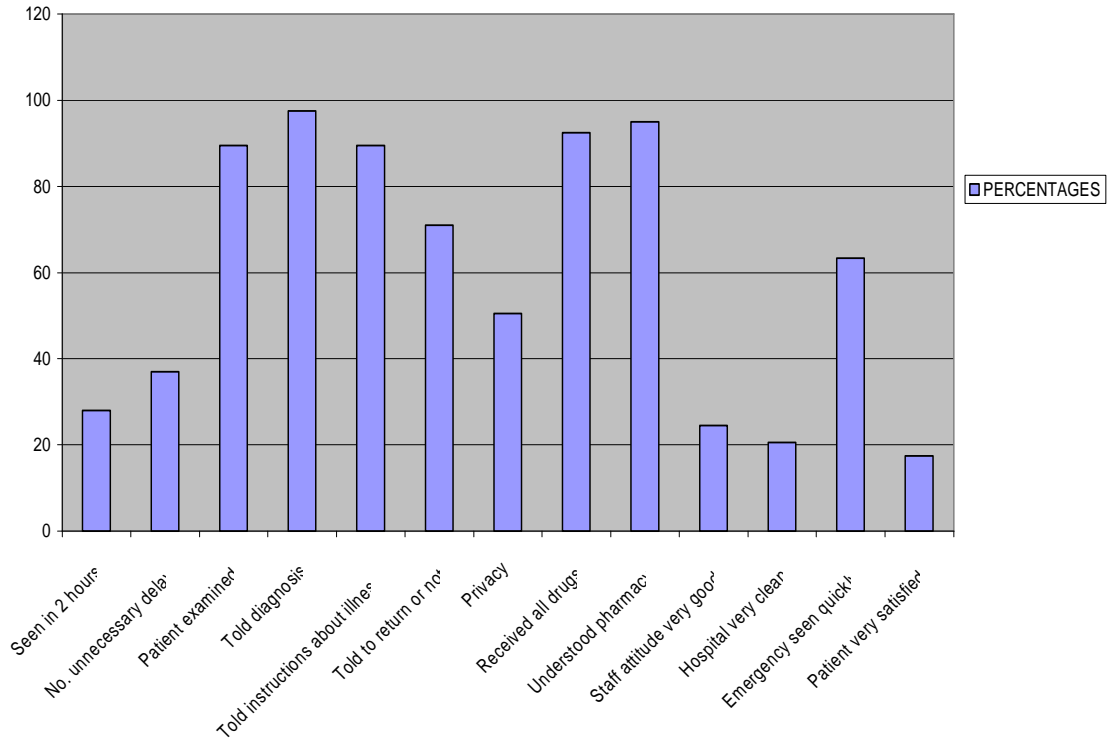
**Client Satisfaction Survey 2008 - St. Martin De Porres Hospital  
(Agomanya)**



**COMMUNITY SURVEY (SEPTEMBER – OCTOBER 2008)**

<b>INDICATORS</b>	<b>FREQUENCY</b>	<b>TOTAL</b>	<b>PERCENTAGES</b>
Seen in 2 hours	56	200	28.0
No. unnecessary delay	74	200	37.0
Patient examined	179	200	89.5
Told diagnosis	195	200	97.5
Told instructions about illness	179	200	89.5
Told to return or not	142	200	71.0
Privacy	101	200	50.5
Received all drugs	185	200	92.5
Understood pharmacy	190	200	95.0
Staff attitude very good	49	200	24.5
Hospital very clean	41	200	20.5
Emergency seen quickly	19	30	63.3
Patient very satisfied	35	200	17.5

Community survey 2008 - St Martin De Porres Hospital  
(Agomanya)



**AREAS IDENTIFIED**

- Not Seen in 2 hours
- Not Told instruction about illness
- Patient not satisfied
- Cleanliness of the hospital
- Staff attitude towards patients
- Privacy
- Unnecessary delay

**CROSS CUTTING ISSUES-IE CLIENT & COMMUNITY SURVEYS**

- Not Seen in 2hrs
- Staff attitude towards patients
- Cleanliness of the hospital
- Generally patient not satisfied

**REASONS**

1. High attendance due to NHIS (avg. 250 per day)

**CLIENT SATISFACTION SURVEY –IN-PATIENT 2008**

**CARE FROM NURSING STAFF**

<b>INDICATOR</b>	<b>FREQUENCY</b>	<b>TOTAL</b>	<b>PERCENTAGES</b>
Always showing respect	40	41	97.6
Always listening to patient	38	41	92.7
Always explaining things to patients	35	41	85.4
Always getting help when needed	29	41	70.7

**CARE FROM DOCTORS**

<b>INDICATOR</b>	<b>FREQUENCY</b>	<b>TOTAL</b>	<b>PERCENTAGES</b>
Always being given treatment	40	41	97.6
Always doctors listen carefully	40	41	97.6
Always being given explanation	38	41	92.7

## GENERAL CARE

INDICATOR	FREQUENCY	TOTAL	PERCENTAGES
Always receive help	36	41	87.8
Given medicine	8	41	19.5
Explanation given	14	41	34.1
Explanation on side effects	8	41	19.5

## OVERALL RATING OF HOSPITAL

INDICATOR	FREQUENCY	TOTAL	PERCENTAGES
Very satisfied	38	41	92.7
Always recommend Hospital to others	19	41	46.3
Best	31	41	75.6

### 15.0 HUMAN RESOURCE

#### 15.1 CATEGORY OF STAFF (DETAILS)

NO.	CATEGORY	GRADE	No. on Roll	No. at post	Remarks
1.	Medical Service	Senior Medical Officer	1	1	Secondment
		Medical Officer	2	1 1	Secondment German
	Medical Assistant	Medical Assistant	1	1	
2.	Nursing: a) Professional	Principal Midwifery Supt.	1	1	
		Senior Nursing Officer / Snr. Midwifery Supt./Officer	1/4	1/4	
	Auxiliary	Nursing Officer	1	1	
		Midwifery Supt.	2	2	
		Senior Staff Nurse Midwife	-	-	
		Staff Nurse (Diploma/SRN)	9/1	4/1	1 In School
		Senior Midwife	1	1	
		Midwife (Orientation)	-	-	
		Supt. Enrolled Nurse	5	4	
		Snr. Enrolled Nurse/Snr. C.N.N	1/4	1/4	1 In school
		Community Health Nurse	2	2	
		Health Aide (Assistant)	3	3	

	Pharmacy	Snr. Pharmacist	1	1	
3.	Dispensing Tech	Senior Dispensing Technician	1	1	
4.	“	Dispensing Technician	5	5	
		Assistant Laboratory Technologist	1	1	
5.	Laboratory	Principal Biomedical Scientist	1	1	
		Biomedical Scientist	1	1	
		Laboratory Technician	1	1	
		Laboratory Assistant	2	2	
6.	Radiology	X'ray Technician	-	-	
		Principal X-ray Assistant	1	1	
7.	Biostatistics	Senior Bio statistics Officer	1	1	
		Medical Records Assistant	5	5	
8.	Health Service Admin.	Principal Health Services Administrator	1	1	
9.	Accounts	Senior Accountant	1	1	
		Chief Accounts Officer	3	3	
		Accounts Officer	2	2	
		Account Assistants	6	6	
10.	Executive/Clerk	Snr. Executive Officer	1	1	
11.	Secretarial	Steno Grade 1	1	1	
12.	Orderly	Hospital Orderly	8	8	
13.	Ward Assistants	Senior Ward Assistant	5	5	
		Ward Assistant	13	13	
14.	Labourer/Scavenger	Labourer	1	1	
15.	Transport	Extra Heavy Duty Driver	3	3	
16.	Maintenance	Senior Works Supt.	1	1	
17.	Laundry	Laundryman	2	2	
18.	Security Guard	Security Guard	2	2	
		Day Watchman	-	-	
19.	Social Worker	Social Welfare Officer	1	1	
20.	Store Officer	Supply Officer	1	1	
		Principal Store-keeper	1	1	
21.	Field Technician	Field Technician - Disease Control (Leprosy)	1	1	Secondment
22.	Nurse	Grade 11	1	1	



	Anaesthetist				
23.	I T	ICT Officer	1	1	

**15.3 TRANSFER OF STAFF:**

5.4 DEATH: No death .

**15.5 IN-SERVICE TRAINING: six in-service training was done.**

**15.6 RESIGNATION: Two resignations during the period**

**15.7 TRAINING & DEVELOPMENT: There are five nurses in school**

**16.0 PARTNERSHIP AND COLLABORATION:**

The hospital collaborates with the following;

NO:	ORGANISATION	PURPOSE
1.	Family Health International	HIV/AIDS
2.	D.H.M.T – Atua	General Health Care Delivery
3.	D.H.M.T – Dodowa	Health Insurance
4.	District Assembly – Manya Krobo	General Health Care Delivery
5.	UNICEF	HIV/AIDS
6.	PHRL – Korle Bu	HIV/AIDS
7.	Manya-Krobo Mutual Health Insurance Scheme	Health Insurance
8.	Yilo Krobo Mutual Health Insurance	Health Insurance
9.	Dangbe West Mutual Health Insurance	Health Insurance
10.	Regional Health Administration	General Health Care
11.	Bio Medical Engineering unit	Medical equipment supplies and repairs

**17.0 ACHIEVEMENTS**

- . Delivery of 4WD ambulance
- . Commission of new sputum & staining room
- . Facelift of the wards, the OPD and Laboratory via painting.

## **18.0 CONSTRAINTS/CHALLENGES**

- Under staffed, especially technical staff.
- Heavy work load via-avis inadequate staff.
- Long waiting time at the OPD due to heavy attendance.
- Lack of accommodation for staff.
- High number of non- mechanised staff salary.
- Lack of accommodation for staff
- The District Health Management Team (DHMT) does involve the Hospital in NID programmes only chase them for reports and vehicles for NID programmes
- The District Health Management Team (DHMT) does not embark on familiarisation tour to find out how the facility is faring.

## **19.0 THE WAY FORWARD**

Regular update in knowledge and skill of staff towards improved quality of Care.

To liaise with Biomedical Engineering Unit ( BEU) of the Ministry of Health for equipment needs.

## **ACKNOWLEDGEMENT**

Our sincerest gratitude and appreciation goes to all stakeholders for their support and prayers especially the Reg. Director of health Service E/R and his team of officers in helping minimise the problem of only one Ghanaian Doctor at post by posting one to the facility, we say Ayekoo

We also want to acknowledge the effort of the district mutual health insurance scheme in the area of payment of bill, especially the MKDMHIS which always try to pay 70% of bills submitted.

## **20.0 CONCLUSION**

The period under review was very challenging and very demanding taking into consideration the workload with few hands.

In the mist of all these the HOSPITAL was able to give out her best towards the attainment of quality, affordable and accessible health care devoid of favouritism and discrimination.

**21.0 APPENDIX**

- STATISTICAL DATA
- INCOME & EXPENDITURE A/C
- ORGANOGRAM